Middle Name or Initial:

Country of Citizenship:

Postal Code:

89123

United States

State/Country:

Nevada



As a below named inventor, I declare that:

inventor (i subject ma LIPOSOM	f only or tter whic IE PRO	ne name is listed lend is claimed and for DUCTION the s	pelow) or an origin or which a patent is	al, first sought ich	elow next to my name; I land joint inventor (if plu on the invention entitled: is attached hereto or (if applicable).	ral inventors are na METHOD AND A	amed below) of the PPARATUS FOR	e R
amendmen 37, Code o any foreign for patent o	it referred f Federal n applica or invente	I to above. I acknow I Regulations, Section(s) for patent or or's certificate have	owledge the duty to ion 1.56. I claim foor inventor's certific	disclose oreign pr cate list	entified specification, inclined information which is made it in the information which is made in the information in the information in the application on which it is the information in the information i	terial to patentability 35, United States C lentified below any	y as defined in Title ode, Section 119 o foreign application	e of
rior Fore	eign Application(s) Country		Application No.		Date of Filing	Priority Claimed Under 35 USC 119		
(======================================		PCT	PCT/US99/26		November 12, 1999	yes		
١Ū	aim the b	Ар	35, United States Coplication No.	ode § 11	19(e) of any United States Filing Da November 13	ite	ion(s) listed below	r:
Full Nan Inventor	1:	Last Name: BAKER City:			CTIN oreign Country:	Middle Name or In T. Country of Citizens		
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I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

First Name:

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Las Vegas

City:

WILLIAM

State/Foreign Country:

Signature of Inventor 1	Signature of Inventor 2
Marti Bal	W. A.S
Martin T. Baker	William A. Heriot
Date 8/23/01	Date 8/31/61

Full Name of

Inventor 2:

Residence &

Citizenship:

Post Office

Address:

Last Name:

HERIOT

Post Office Address:

611 Sunset Cliff Circle

City: Las Vegas

Please type a plus sign (+) inside this box

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Application Number	09/831,552		
Filing Date	May 11, 2001		
First Named Inventor	Baker et al.		
Title	METHOD AND APPARATUS FOR LIPOSOME PRODUCTION		
Group Art Unit	Unassigned		
Examiner Name	Unassigned		
Attorney Docket Number	20681-000310		

I hereby appoint:						
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	ord of the entire interest. See 37 CFR 3.75					
Statement under	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	SIGNATURE of Applicant	t or Assignee of Rec	ord			
Name FRA	INK L. SORGI					
Signature Frank L Sorgi						
Date 9/S	-/01					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are require Submit multiple forms if more than one signature is required, see below*.						
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STATEMENT UNDER 37 CFR 3.73(b)				
Applicant/Patent Owner: Baker et al.				
Application No./Patent No.: 09/831,552 Filed/Issue Date: 05/11/01				
Entitled: METHOD AND APPARATUS FOR LIPOSOME PRODUCTION				
Optime Therapeutics, Inc. , a <u>corporation</u>				
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)				
states that it is:				
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2. an assignee of an undivided part interest				
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The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.				
Plank & Sorgi Signature FRANK L. SORGI Typed or printed name				
FRANK L. SORGI				
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